

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

inte		ue Service	 ' . 	ation may have to u							
<u>A</u>	For the	2011 calen	dar year, or tax year be				2 and endi				, 2012
В	Check if a	applicable:	C Name of organization C	ld Colora	do City A	Associa	ates, L	td.	D Employ	er ide	ntification Number
	Addr	ess change	Doing Business As								5334
	Nam	e change	Number and street (or P	D box if mail is not o	delivered to street	addr)	Room	/suite	E Telepho	one nu	mber
	Initia	il return	PO Box 6206				1		(71	9)	632-9194
	Term	unated	City, town or country			State	ZIP code +	4			
	H	nded return	Colorado Sprin	as		СО	80934		G Gross re	ecelots	\$ 318,579.
	=	cation pending	F Name and address of prir				00331	H(a) is this	a group return		
	☐ Vbbii		Dave Van Ness PO	•	Colorado S	3-4 C	0 00034		affiliates incl		
-			501(c)(3) X 501(c)						attach a list.		
<u>_</u>		empt status				4947(a)(1) o	r 527	-			_
<u>J</u> _	Webs		w.shopoldcolor						exemption nu		
<u>K</u>	Form of		X Corporation Trust	Association	Other ►	<u> L</u>	Year of Forma	tion: 1984	4 M s	tate of	f legal domicile CO
1.	. :	Summar	<u>/</u>		 .						
			oe the organization's m	ission or most s	significant act	ivities: P	romotio	n of O	<u>ld Col</u>	<u>ora</u>	do City
ø	_ <u>a</u>	<u>nd Hist</u>	oric District								
ä	_		. 								
Ē	_										
Activities & Governance			x 🕨 🔲 if the organiza								
9			ting members of the go								10
20			dependent voting memb								10
ŧ			of individuals employe							5	0
₹			of volunteers (estimate							6	20
⋖			d business revenue fro							7 a	
	b Ne	et unrelated	business taxable incor	ne from Form 9	90-1, line 34.	<u></u>				7b	
									rior Year		Current Year
			and grants (Part VIII, I								
Ž.	9 Program service revenue (Part VIII, line 2g)								335,299.		318,342.
Revenue									4	<u>64.</u>	237.
æ			(Part VIII, column (A)			•					
			 add lines 8 through 						335,7	<u>63.</u>	318,579.
			milar amounts paid (Pa								
	14 Be	enefits paid	to or for members (Par	t IX, column (A)), /ine!4)	J					
	15 Sa	alaries, othe	r compensation, emplo	yee benefits (Pa	art-IX+column	(A), lines	5-10)				
9	16a Pr	ofessional fi	undraising fees (Partil)	C. column (A)പ്	ne 11e) (0	1	·	-			
2		t t t a alaaia	ng expenses (PartiX	a satta disa.	POENE I T	•					
Expenses							0.				
۳ ا			s (Part IX, column (A)						296,6		
-	18 To	tal expense	s. Add lines 13-17 (mu	st_equal PartilX	" column (A)"	line 25)			296,6	71.	172,952.
	19 Re	venue less	expenses.Subtract line	18 from line 12		· · · · · · · · · · · · · · · · · · ·			39,09	92.	145,627.
b 🖁								Beginning	of Current	Year	End of Year
<u> </u>	20 To	tal assets (F	Part X, line 16)						122,15	52.	267,779.
Net Assets Fund Belen	21 To	tal liabilities	(Part X, line 26)							0	Ø.
<u> </u>	22 Ne	t assets or i	fund balances. Subtrac	t line 21 from lii	ne 20				122,15	52	267,779.
		Signature				· · · · · · · · · · · · · · · · · · ·		•1	+44/4		20171131
Jnde omp	r penalties lete. Declai	of perjury, I dec ration of prepare	lare that I have examined this er (other than officer) is based	op all intermation of	mpanying schedu which preparer ha	iles and stater is any knowled	nents, and to t ige.	he best of my	knowledge a	nd bel	let, it is true, correct, and
		I	11/1/	dahma	1				4/ -		
		Signature	of officer	garry	<u> </u>			Date	11-15	_/_	
Sig	n	Jigriature	\sim \sim \sim		4.4.4				•		
lei	e	<u> </u>	ilie tabrizi	0, 110	sident		<u>`</u>	Presi	dent		
			rint name and title.	-A-							TTN:
		Print/Type pre	parer's name	Preparet's signa	iture		Date	0	Check	if	PTIN
ai	d	Graeme	Cloutte CPA				11/15/	12 s	elf-employed		P00341885
	parer	Firm's name	►Cloutte & A	ssociates	P.C.						
	Only	Firm's address	> 600 0 11 0			≥ 300			irm's FIN	84	-1487595
•		Firm 5 address	Colorado Sp		CC		3				
		<u> </u>							hone no.	(719	
			return with the prepar			ctions)	· · · · · · · · · · · · · · · · · · ·			· · · ·	. X Yes No
AΑ	For Pa	perwork Re	duction Act Notice, se	e the separate i	nstructions.		TEE	A0101 07/0	5/11		Form 990 (2011) 2

7	H 950 (2011) Old Colorado City Associates, Ltd.	04-0	00333) 4		Page 2
ां, श्ला	Statement of Program Service Accomplishments					 1
	Check if Schedule O contains a response to any question in this Part III					
1	Briefly describe the organization's mission					
	Promotion of Old Colorado City					
	and Historic District					
	<u></u>					
2	Did the organization undertake any significant program services during the year which were not listed on	the pric	or —	.,	E-3	
	Form 990 or 990-EZ?			Yes	X	No
_	If 'Yes,' describe these new services on Schedule O			V	(v)	N.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	/ices /	LJ	Yes	X	No
4	If 'Yes,' describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program service	205 25	m00011110	d by a		
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am others, the total expenses, and revenue, if any, for each program service reported	ount of	grants a	and all	ocatio	ns to
48	a (Code) (Expenses \$156,802. including grants of \$0.) (Re	venue	\$	31	8,34	12.)
	Furthering the promotion and economic development of the area					
	generally known as Old Colorado City, Colorado Springs, CO and					
	promoting and assisting the growth and development of business					
	concerns, including small business concerns in said area.					
			-			
41	b (Code) (Expenses \$ including grants of \$) (Re	venue	\$)
			-			
			- 			
						· _
						· – –
					-	
			-			· — — –
40	c (Code:) (Expenses \$ including grants of \$) (Re	venue	\$	···)
A -	d Other pregram convices (Decaribe in Sahadula O.)					
40	d Other program services (Describe in Schedule O)				`	
10	(Expenses \$ including grants of \$) (Revenue \$ expenses ► 156,802.					
~ 0	From program service expenses F IJU/ UVA.					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes, ' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197/f 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 'Yes,' complete Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services *\mathcal{T} 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
į	a Did the organization report an amount for land, buildings and equipment in Part X, line 107f 'Yes,' complete Schedule D, Part VI	11 a	Х	
!	b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11 b		х
	c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740) If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		<u>x</u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year if 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	_	х
	Is the organization a school described in section 170(b)(1)(A)(ii)?/If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9alf 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	_	l

Form 990 (2011) Old Colorado City Associates, Ltd. 84-0885334

Checklist of Required Schedules (continued)

200		Γ	T	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1?If 'Yes,' complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 'Yes,' complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002 of 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ# 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee?If 'Yes,' complete Schedule L, Part IV	28a		_X_
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?/f 'Yes,' complete Schedule L, Part IV	28c		x
	Did the organization receive more than \$25,000 in non-cash contributions of Yes, complete Schedule M	23		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	30 31		X
31	0.50	<u> </u>	<u> </u>	
32	Schedule N, Part II	32_		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 a		Х
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	n 990 ((2011)

িব্যুম্ব 🍑 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1 a 0 1 b **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts, 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a Х services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х 7 f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations at the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Х 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

	Check if Schedule O contains a response to any question in this Part VI			X				
Se	ction A. Governing Body and Management							
			Yes	No				
1	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
	b Enter the number of voting members included in line 1a, above, who are independent 1b 10							
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		v					
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents	_3	Х					
7	since the prior Form 990 was filed?	4		х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6		6		X				
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		_ _				
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?								
	stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	7b		X				
	the following							
	a The governing body?	8a	X					
	b Each committee with authority to act on behalf of the governing body?	86	X					
	9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O							
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-					
			Yes	<u>No</u>				
	a Did the organization have local chapters, branches, or affiliates?	10 a		_X_				
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	х					
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u></u> .	·					
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		<u>X</u>				
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? 'Yes,' describe in Schedule O how this is done	12 c						
13	Did the organization have a written whistleblower policy?	13		_X				
14	Did the organization have a written document retention and destruction policy?	14		Χ				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	a The organization's CEO, Executive Director, or top management official	15 a		_X_				
	b Other officers of key employees of the organization	15 b		_X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)							
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X				
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	inspection Indicate how you make these available. Check all that apply	/aılabl	e for p	oublic				
10	Own website Another's website X Upon request	abla +-						
19	the public during the tax year							
	State the name, physical address, and telephone number of the person who possesses the books and records of the org. Heather Joffe 2415 W. Colorado Ave Colorado Springs CO 80904 (7	anızatı 19) 4		1000				
	- neacher ourse	- 21_4	<u>' </u>	~000				

Form 990 (2011)	Old	Colorado	City	Associates,	Ltd.

84-0885334

age 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$1,0,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	(C)									
(A) Name and title	(B) Average hours per week	unles	s per	son is	ore the	an one n an offi ustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adivich हो हि उद्दर्भ or director	unstitutional trustee	Offi ei	key employee	Highest लगान्यकाडलेख साम्रोक्षेत्रहरू	FUIDER	(W-2/1099 MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Julie Fabrizio President	15.00			х				0.	0.	0.
(2) Heather Joffe	13.00				_			•	<u> </u>	•
Treasurer	4.00			$ _{\mathbf{x}} $				0.	0.	0.
(3) Dennis Trujillo	1.00							0.	<u> </u>	
Director	4.00	х						0.	0.	0.
(4) Patti Birtz-Sharpton										
Director	2.00			Х				0.	0.	0.
(5) Barb Hodges										
Secretary	2.00	Х						0.	0.	0.
(6) Heather Darrigan								·		
Director	10.00	X						0.	0.	0.
Director	2.00	Х						0.	0.	0.
_(8) Jason Smith										
Director	2.00	<u> </u>						0.	0.	0.
(9) Vern Thomson	(
Director	2.00	X						0.	0.	0.
(10) Laura Teeters	0.00							0		•
Director	2.00	X	_				<u> </u>	0.	0.	0.
(11)		,						0.	0.	0.
(12)			_					0.	0.	0.
(13)			_					0.	0.	0.
(14)								0.	0.	0.

িয়ার পা Section A. Officers, Directors, Trust	ees, l	Кеу	Em	ıplo	ye	es,	and	d Highest Com	pensated Emp	loyees (co	nt)
	}			•	C)						
(A) Name and title	(B) Average hours	Ďox,	unle:	heck ss pe	rson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estimated	ther
	per week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	compensat from the organizatio and relate organizatio	on ed
(15)											
(16)											
(17)											
(18)											
(19)									· · · · · · · · · · · · · · · · · · ·		
(20)										- -	
(21)											 -
(22)											
(23)											,
(24)			j								
(25)											
1 b Sub-total	·	·			,			0.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						►	0.	0.		0.
2 Total number of individuals (including but not limited	to the	se I	stec	ab	ove)	who	o re	·		able compens	
from the organization	_								 	Yes	No
3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust Idividua	ee, I	key (emp	loye	e, o	r hi	ghest compensate	d employee	3	Х
4 For any individual listed on line 1a, is the sum of reithe organization and related organizations greater the such individual.	portabl nan \$1	e co 50,00	mpe 30 <i>?l1</i>	nsa f 'Ye	tion es' c	and omp	oth <i>lete</i>	er compensation t Schedule J for	from	4	Х
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' co	ompen:	satio	n fre hedu	om a ile J	any I for	unre suci	late h pe	ed organization or erson	ındıvıdual	5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization Report compensation.	ed indensation	pen for	dent	cor	ntrac ndai	tors yea	tha ar er	t received more the nding with or withi	nan \$100,000 of n the organization	's tax year	···
(A) Name and business addres	s							Description of	of services	(C) Compensation	n
	·										
				•							
2 Total number of independent contractors (including \$100,000 in compensation from the organization►	but not	lımı	ted	to th	nose	liste	ed a	above) who receive	ed more than		

Par	t VIII Statement of Revenue			<u>-</u>	·
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
STS	1a Federated campaigns 1a				
A P	b Membership dues 1b				
S, G	c Fundraising events 1c				
A SH	d Related organizations 1 d				
Signal Signal	e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above				
E S	g Noncash contributions included in lns 1a-1f \$				
8₹	h Total. Add lines 1a-1f				
≝	Business Code			 	
Ē	2a Membership Dues 541800	6,500.	6,500.	0.	0.
2	b Territory Days Event Income 713900	310,718.	310,718.	0.	0.
Š	c Other Event Income 713900	1,124.	1,124.	0.	0.
SER	d				
Σ	e				
g	f All other program service revenue				
ě	g Total. Add lines 2a-2f	318,342.			
Ì	3 Investment income (including dividends, interest and		227		
- 1	other similar amounts)	237.	237.	0.	0.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal	1			
	6a Gross rents				
1	b Less rental expenses				
ĺ	c Rental income or (loss)		-		
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses	ļ			
	c Gain or (loss)				
1	d Net gain or (loss)				
UE	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c)				
2	See Part IV, line 18				
	b Less direct expenses b				
<u></u> 5	c Net income or (loss) from fundraising events		Γ		
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
l	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances a	i			
	b Less cost of goods sold b				
[c Net income or (loss) from sales of inventory				·
}	Miscellaneous Revenue Business Code				
	11a				
ļ	b				
- 1	C				
1	d All other revenue				
	e Total. Add lines 11a-11d 12 Total revenue. See instructions	318 570	318,579.	0.	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do I	Check if Schedule O contains a remotinclude amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		CAPCHISCS	gonerar expenses	охролово
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	11,250.	0.	11,250.	
	Legal	313.	313.	0.	0.
	Accounting	25.	0.	25.	0.
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other	20,041.	20,041.	0.	0.
	Advertising and promotion	18,576.	18,576.	0.	0.
	Office expenses	240.	174.	66.	0.
14	·		-		
15					•
	Occupancy	3,255.	2,410.	845.	0.
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	194.	0.	194.	0.
	Insurance	7,882.	7,057.	825.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
á	Cost of sales	33,642.	33,642.	0.	0.
	Security	2,695.	2,695.	0.	0.
	Event Coordination	27,500.	27,500.	0.	0.
	Equipment & Furniture Rental	25,757.	25,757.	0.	0.
	All other expenses	21,582.	18,637.	2,945.	0.
	Total functional expenses Add lines 1 through 24e	172,952.	156,802.	16,150.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Page **11**

ir e	Ψί Υ	Dalance Sheet	·- · · · · · · · · · · · · · · · · · ·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,645.	1	2,777.
	2	Savings and temporary cash investments .		Ī	115,013.	2	263,102.
	3	Pledges and grants receivable, net		Ì	•	3	
	4	Accounts receivable, net		Ī		4	
1	_	,	a trumbaaa leey e	malayaas			
	5	Receivables from current and former officers, director and highest compensated employees Complete Part				5	
	6	Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and contributions of section 501(c)(9) voluntary organizations (see instructions)	ed under section ibuting employer ry employees' be	4958(f)(1)), s and neficiary		6	
Ą	7	Notes and loans receivable, net				7	
ASSETS	8	Inventories for sale or use				8	
Ţ	9	Prepaid expenses and deferred charges	•		9		
3	_		1 1				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,408.			
	h	Less accumulated depreciation	10b	2,648.	354.	10 c	1,760.
	11	Investments – publicly traded securities				11	
	12	Investments – other securities See Part IV, line 11	ļ	·	12		
	13	Investments – program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		140.	15	140.	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		122,152.	16	267,779.
_	17	Accounts payable and accrued expenses .			0.	17	0.
	18	Grants payable				18	
	19	Deferred revenue			19		
Ļ	20	Tax-exempt bond liabilities		····	20	_,	
Å	21	Escrow or custodial account liability Complete Part I				21	
LIABILIT	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per of Schedule L	stees, key emplo rsons Complete	yees, Part II		22	
i E S	23	Secured mortgages and notes payable to unrelated th	nird parties			23	
Š	24	Unsecured notes and loans payable to unrelated third	l parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	es to related third aplete Part X of S	parties, chedule D		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
N E N		Organizations that follow SFAS 117, check here ►	X and complete	e lines			
		27 through 29 and lines 33 and 34.					
ASSETS	27	Unrestricted net assets			122,152.		267,779.
Ĕ	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
Q R		Organizations that do not follow SFAS 117, check he	ere► and co	mplete			
FUZD		lines 30 through 34.				22	
	30	Capital stock or trust principal, or current funds				30	
Ŗ	31	Paid in or capital surplus, or land, building, or equipm		-		31	
Ā	32	Retained earnings, endowment, accumulated income	, or other funds	-	100 150	32	063 330
BALAZCES	33	Total net assets or fund balances		-	122,152.		267,779.
	34	Total liabilities and net assets/fund balances	<u>-</u> .		122,152.	34	267,779.
BA	Α						Form 990 (2011)

Forr	n 990 (2011) Old Colorado City Associates, Ltd. 84-088533	4	<u>P</u>	age 12
Pα	Reconciliation of Net Assets			_
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		318,	
2			172,	<u>952.</u>
3			145,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		122,	152.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		267,	779.
Pa	Financial Statements and Reporting			,
	Check if Schedule O contains a response to any question in this Part XII			
		_	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2	a X	<u> </u>
	b Were the organization's financial statements audited by an independent accountant?	2	ь	X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis X Both consolidated and separate basis		γ	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3	а	x
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	t 3	ь	
BA		Fo	rm 990	(2011)

BAA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

ोत्रक रू रेपातात ការខែមព្រះទៅ

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

• 9	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
Vame	of organization			Employer identific	ation number
01d	Colorado City Ass	ociates, Ltd.		84-088533	
িহা	Complete if the or	rganization is exempt under section	on 501(c) or is a :	section 527 organi	zation.
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV	
2	Political expenditures			► \$	
3	Volunteer hours				
Pai	Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV				
िहा	the Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt functio	n activities. >\$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	etion 527 exempt	
3	Total exempt function expen- line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	▶ \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made nayments	and employer identification number (EIN) For each organization listed, enter the arons received that were promptly and direct Laction committee (PAC) If additional spa	mount paid from the f	filing organization's fund	ds Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds	(e) Amount of political contributions received and
				n none, engr-o-	promptly and directly delivered to a separate political organization If none, enter 0
(1)					
(2)					
(3)			-		
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2011

Schedule (Form 990 or 990 EZ) 20				84-088	
Part II-A Complete if section 501		on is exempt under se	ection 501(c)(3) an	d filed Form 5768 (el	ection under
A Check ► if the file	ng organization be	longs to an affiliated group	(and list in Part IV ea	ch affiliated group membe	r's name,
address	, EIN, expenses, a	nd share of excess lobbying	g expenditures)		
B Check ► I if the file	ng organization ch	ecked box A and 'limited co	ontrol' provisions apply		
	Limits on Lobb	oying Expenditures eans amounts paid or incu		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	ublic opinion (grass roots I	oppviua)		
	· ·	legislative body (direct lob			
c Total lobbying expendit		• • •	,,		
d Other exempt purpose	•				
e Total exempt purpose e	=	ines 1c and 1d)			
	,	·			
both columns		mount from the following ta			
If the amount on line 1e, col	lumn (a) or (b) ıs	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the exces	s over \$500,000		
Over \$1,000,000 but not over !	\$1,500,000	\$175,000 plus 10% of the exces	s over \$1,000,000.		
Over \$1,500,000 but not over !	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable	amount (enter 25%	of line 1f)			
h Subtract line 1g from lii	ne 1a If zero or le	ss, enter -0-			
i Subtract line 1f from lin	ne 1c If zero or les	s, enter -0-			
j If there is an amount of section 4911 tax for this		other line 1h or line 1i, did	the organization file Fo	orm 4720 reporting	☐Yes ☐ No
300tion 4511 tax 101 till	s year	4 Vanu Avenanium Dania d	Under Coetion 501/h)		103 100
(Sor	ne organizations t colun	4-Year Averaging Period hat made a section 501(h) nns below. See the instruct	election do not have to	complete all of the five	
	Lot	obying Expenditures Durin	g 4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Forn	n 990 or 990-EZ) 2011

Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768						
For each 'Yes' response to lines 1a through 1, below, provide in Part IV a detailed description.									
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount						
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of									
a Volunteers?									
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 									
d Mailings to members, legislators, or the public?									
e Publications, or published or broadcast statements?									
f Grants to other organizations for lobbying purposes?									
g Direct contact with legislators, their staffs, government officials, or a legislative body?									
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?									
j Total Add lines 1c through 1i									
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912									
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912									
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?									
Complete if the organization is exempt under section 501(c)(4), section 501(c) section 501(c)(6).)(5) ,	or							
			Yes No						
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X						
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X						
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3 X						
Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR answered 'Yes.'	(b) F	or se Part I	ection II-A, line 3, is						
1 Dues, assessments and similar amounts from members		1							
2 Section 162(e) nondeductible lobbying and political expenditure (do not include amounts of political expenses for which the section 527(f) tax was paid).									
a Current year		2 a							
b Carryover from last year		2 b							
c Total		2 c							
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3							
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	al	4							
5 Taxable amount of lobbying and political expenditures (see instructions)	F	5							
Supplemental Information		<u> </u>							
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part Also, complete this part for any additional information	II-A,	and P	art II-B, line 1						
	-								

Schedule C (Form 990 or 990-EZ) 2011 Old Colorado City Associates, Ltd.	84-0885334	Page 4
Schedule ((Form 990 or 990-EZ) 2011 Old Colorado City Associates, Ltd. Part Supplemental Information (continued)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2011

ीवक के ^भन्नाकः भिन्नुबन्धीलः

Name of the organization Employer identification number 84-0885334 Old Colorado City Associates, Ltd. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Ratil Conservation Easements. Complete if the organization answered 'Yes' to Form 990, 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section Πo Yes 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items **►** \$ (i) Revenues included in Form 990, Part VIII, line 1 ► Ś (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 **►**\$ **►**\$ **b** Assets included in Form 990, Part X

Schedule D (Form 990) 2011 Old (Colorado C	ty Associate	s, Ltd.	84-088		Page 2
Paatill Organizations Mainta	ining Collecti	ons of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continu	ıed)
3 Using the organization's acquisition items (check all that apply)	on, accession, a	,,,,,,,		that are a significant u	se of its collec	ction
a Public exhibition		—	or exchange programs			
b Scholarly research		e [] Other		 -		-
c Preservation for future gener 4 Provide a description of the orga		ions and ovalous how	thou further the ergan	ization's avamnt nurnas	e in	
Part XIV					ic in	
5 During the year, did the organiza assets to be sold to raise funds i	ather than to be	maintained as part o	of the organization's col	lection?	Yes	No
Escrow and Custodia line 9, or reported an	I Arrangemer amount on Fo	n ts. Complete if to form 990, Part X,	he organization ans line 21.	swered 'Yes' to For	m 990, Par	t IV,
1a Is the organization an agent, trus included on Form 990, Part X?				er assets not	Yes [No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the following	ng table		A	
					Amount	
c Beginning balance				1 c 1 d		
d Additions during the yeare Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a	amount on Form	990. Part X. line 21?			Yes	No
b If 'Yes,' explain the arrangement				'		_
Endowment Funds. Co		organization ans	wered 'Yes' to Form	m 990, Part IV, line	10	
	(a) Current yea				(e) Four year	rs back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance	<u> </u>	<u> </u>				
2 Provide the estimated percentag		year end balance (lin	e 1g, column (a)) held a	as		
a Board designated or quasi-endo	wment >	**				
b Permanent endowment ►		Q.				
c Temporarily restricted endowments The percentages in lines 2a, 2b,		ō gual 100%				
3a Are there endowment funds not organization by	in the possession	n of the organization	that are held and admir	nistered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related	organizations list	ed as required on So	hedule R?		3b	
4 Describe in Part XIV the intende						
ির্ভ 🐫 Land, Buildings, and						
Description of property	(a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue ———
1 a Land	<u> </u>					
b Buildings	·					
c Leasehold improvements	<u> </u>		4 400	2 640	<u>-</u>	760
d Equipment	<u> </u>		4,408.	2,648.	1	<u>,760.</u>
e Other Total. Add lines 1a through 1e (Column	n (d) must oqua	LEorm 990 Part Y c	olumn (R) line 10(c))	•	1	,760.
BAA	in (a) must equa	, Jiii 550, Fait X, C	Cianin (D), into ro(c)	Sched	lule D (Form 9	

Schedule D (Form 990) 2011 Old Colorado City	Associates, Li	td.	84-0885	334 Page
Investments - Other Securities. See	Form 990, Part X,	line 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market	on et value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
<u>(A)</u>				
<u>(B)</u>				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
<u>(F)</u> (G)				
(H)		~~~		
(I)				
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	· · · · · · · · · · · · · · · · · · ·			
Investments - Program Related. See	Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valuation Cost or end-of-year market	on et value
(1)				
(2)				
(3)			·	- <u>-</u> -
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)				
Other Assets. See Form 990, Part X, I	line 15.	<u></u>		
	scription			(b) Book value
(1) Security Deposit				140.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
Total. (Column (b) must equal Form 990, Part X, column (b)	R) line 15)		▶	140.
Other Liabilities. See Form 990, Part 2.				140.
(a) Description of liability	(b) Book value			
(1) Federal income taxes		,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Tetal (Column (b) must equal Form 000, Part Y salumn (P) line 25)	>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text	 	roanization's	financial statements that to	norts the
ergopineticals hebitity for the standard for positions and a CIAI	40 /ACC 740	rgarnzation 5	manerar statements that re	porta tric

	ddeb (Form 990)2011 Old Colorado City Associates, Ltd		64-0663334	rage
	Reconciliation of Change in Net Assets from Form 990 to Audited Financia	cial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net) Add lines 4 through 8			
10				
7.1	Reconciliation of Revenue per Audited Financial Statemen	its With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
ā	Net unrealized gains on investments	2a		
ŀ	Donated services and use of facilities	2 b		
•	Recoveries of prior year grants	2c		
•	Other (Describe in Part XIV)	2 d		
	Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)	4b		
(Add lines 4a and 4b	,	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	Reconciliation of Expenses per Audited Financial Stateme	ents With Expense	es per Return	
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2 a		
t	Prior year adjustments	2 b		
	Other losses	2 c		
(Other (Describe in Part XIV)	2 d		
	Add lines 2a through 2d		2 e	
	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ŀ	Other (Describe in Part XIV)	4 b		
•	Add lines 4a and 4b .		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	Supplemental Information			
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, li additional information	art III, lines 1a and 4, ines 2d and 4b Also c	Part IV, lines 1b and 2b, omplete this part to provi	de

TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

BAA

Schedule D (Form 990) 2011 Old Colorado City Associates, Ltd.	<u>84</u> -0885334	Page 5
Schedule D (Form 990) 2011 Old Colorado City Associates, Ltd. Supplemental Information (continued)		
		-
		~
		-
		- <i></i>

TEEA3305 05/25/11

Schedule **D** (Form 990) 2011

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

ប់ខ្លួន ខ្លួន ។ មេជា ១ ក្រសួមជនសេរៈ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 84-0885334 Old Colorado City Associates, Ltd Pt VI, Line 11a The return will be emailed to board for review Pt VI, Line 3 The Anderson Group, Inc. is paid for management services

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return. ► See separate instructions.

OMB No 1545-0172

2011

Department of the Treasury Internal Revenue Service

	(s) snown on return	_	_				1	lying number
	d Colorado City F		Ltd.				84-	0885334
	ess or activity to which this form rel							
	m 990 / Form 990		<u> </u>	4: 170				
1 %	Note: If you have:	pense Certain i	Property Under Sec complete Part V before	CTION 179 Propriete P	Part I			
<u> </u>	Maximum amount (see in		- Complete Fart Footore	- you co,p.c.c.			1	
2	Total cost of section 179		carvice (see instruction	-1			2	
3	Threshold cost of section				c)		3	
_					5)		4	
4	Reduction in limitation S					_	4	
5	Dollar limitation for tax ye separately, see instruction	ear Subtract line 4 ns	from line 1 If zero or 16	ess, enter -U- If	married filin	g	5	
6		Description of property		(b) Cost (business	use only)	(C) Elected co	st	
		· · · · · · · · · · · · · · · · · · ·						
7	Listed property Enter the	amount from line	29		7			
8	Total elected cost of sect			(c), lines 6 and 7			8	
9	Tentative deduction Enter	er the smaller of line	e 5 or line 8				9	
10	Carryover of disallowed d	leduction from line	13 of your 2010 Form 4	562			10	
11	Business income limitation					(see instrs)	11	· · · · · · · · · · · · · · · · · · ·
12	Section 179 expense ded	luction Add lines 9	and 10, but do not ente	er more than line	11		12	
	Carryover of disallowed d				<u>► 13</u>			·v
	: Do not use Part II or Par		<u> </u>		······			
िन	Special Depred	ciation Allowan	ce and Other Depre	eciation (Do no	tinclude lis	ted property)	(See in:	structions)
14	Special depreciation allow tax year (see instructions		property (other than list	ed property) plac	ced in servic	e during the	14	
15	Property subject to section	•	า				15	
	Other depreciation (include						16	89.
Pa			nclude listed property) (See instructions)			
		<u> </u>	Section					
17	MACRS deductions for as	sets placed in serv					17	105.
			-	-				
18	If you are electing to ground asset accounts, check he		ed in service during the	tax year into one	or more ge	rnerai ► 🗍		
			in Service During 2011	Tax Year Using	the General	Depreciation	Systen	n
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
19	3-year property				<u></u>			
1	5-year property							
	7-year property						Ĩ	
	10-year property							
	15-year property							
	20-year property							
	25-year property			25 yrs		S/L		
	Residential rental			27.5 yrs	MM	S/L		
•	property			27.5 yrs	MM	S/L		
	Nonresidential real			39 yrs	MM	S/L		
•	property			35 YES	MM	S/L		
		- Accete Placed in	n Service During 2011 T	av Vear Using th	'			
20.	Class life	Assets Flaceuti	Service During 2011 1	ax real osing th	Aitemativ	S/L		
	12-year			12 yrs	 	S/L		
					мм			
	340-year Summary (See		<u> </u>	40 yrs	MM	S/L		
_							21	
	Listed property Enter am		non 10 and 00! (-)	nd line Ot Fata- E	and	-	21	·
22	Total Add amounts from line 12 the appropriate lines of your reti	z, iiries 14 through 17, III urn Partnerships and S	nes 13 anu 20 in column (g), a corporations — see instruction	nu nne zi Enter nere S	anu on		22	194.

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenly 24a, 24b,

		(a) through (c)													
	Section	n A – Deprecia	ition and Othe	r Informa	ation (Ca	aution:S	See the	ınstrı	uctions fo	or limits	for pass	enger au	<u>itomobile</u>	e\$	
24 a	Do you have evidence	e to support the bu	usiness/investmen	t use claim	ned?		Yes		No 24b	If 'Yes,' is	s the evide	nce written	,	Yes	No
-	(a) pe of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d) Cost other b)	(busine	(e) or deprecia ess/investr ise only)	ation nent	(f) Recove period		(g) Method/ Convention		(h) preciation eduction	EI sect	(i) ected ion 179 cost
25	Special depreciused more than	ation allowance 50% in a qual	e for qualified lified business	listed pro use (see	perty pla	aced in ions)	service	durii	ng the ta	x year a	and 2 5	5			
26	Property used r	more than 50%	ın a qualified	business	use										
															_
27	Property used 5	0% or less in a	qualified bus	ness use	e		· _								
							_					_			
						ļ									
			<u> </u>												
	Add amounts in		_				ıne 21,	page	1		28				
29	Add amounts in	column (ı), lın											29)	
					B Info										
Com	plete this section	for vehicles u	sed by a sole	proprieto	r, partne	r, or ot	her 'mo	re tha	an 5% ov	vner,' o	r related	persoff	ou provi	ided veh	ıcles
to yo	our employees, fi	rst answer the	questions in S					excep		ompleti					
30	Total business/i	nvestment mile	es driven	1	a)		b)	١.	(c)	l	(d)		(e)	1	f)
•	during the year	(do not include		Veh	ıcle 1	Vehi	cle 2	 	/ehicle 3		ehicle 4	Ver	nicle 5	Vehi	cle 6
	commuting mile	•		}				├						 	
	Total commuting mi	-	-						•	-					
32	Total other pers miles driven	sonal (noncomr	nuting)						<u></u>			_		ļ <u>.</u>	
33	Total miles drive lines 30 through	en during the y n 32	ear Add												
				Yes	No	Yes	No	Ye	s No	Yes	s No	Yes	No	Yes	No
34	Was the vehicle during off-duty l		personal use												
35	Was the vehicle than 5% owner	used primarily or related pers	by a more												
36	Is another vehic personal use?	cle available for	r									<u> </u>	<u> </u>		
		Section	C — Questions	s for Em	ployers \	Who Pr	ovide V	ehicl	es for Us	se by Th	neir Emp	loyees			
	ver these question where or related			an excep	otion to c	ompleti	ng Seci	tion E	3 for veh	icles us	ed by en	iployees	whate no	t more t	han
37	Do you maintair	n a written polic	cy statement th	nat prohi	bits all p	ersonal	use of	vehic	eles, incli	uding co	ommuting],		Yes	No
38	Do you maintain employees? See		cy statement the	nat prohi	bits pers	onal us	e of veh	ncles	, except	commu	ting, by	your			
	Do you treat all						J. J. UII C	2.013	., 0. 170		2.711013				
	Do you provide vehicles, and re			-			ormatio	n froi	m your e	mployee	es about	the use	of the		
	Do you meet the	e requirements	concerning qu	alified a	utomobil	e demo	nstratio	n use	e? (See i	nstructi	ons)				
	Note: If your an		39, 40, or 41	is Yes,	do not c	ompiete	Sectio	n B f	or the co	vered v	enicles				
- Page	Amortiz								1						
	Desc	(a) cription of costs		Date an	(b) nortization egins		(C) Amortizab amount	le		(d) Code section	1 1	(e) mortization period or ercentage		(f) Amortizatio for this yea	
42	Amortization of	costs that beg	ıns durıng you	2011 ta	x year (s	see inst	ructions)							
						.							 		
43	Amortization of	_	=		-							43	ــــ		
44	Total. Add amo	unts in column	(f) See the ii	<u>nstruct</u> ior	ns for wh	nere to i	report					44			

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Utilities	3,691.	3,691.	0.	0.
Credit Card Fees	164.	164.	0.	0.
Event Entertainment	6,822.	6,822.	0.	0.
Misc Direct Event Expenses	900.	900.	0.	0.
Printing	3,120.	3,023.	97.	0.
Bank Charges	36.	0.	36.	0.
Storage	990.	0.	990.	0.
Licenses	2,174.	2,174.	0.	0.
Nonrefuned Deposits	250.	250.	0.	<u> </u>
Repairs	653.	653.	0.	0.
Dues & Subscriptions	1,552.	0.	1,552.	0.
Supplies	960.	960.	0.	<u> </u>
Postage	95.	0.	95.	0.
Telephone & Internet	175.	0.	175.	0.

Supporting Statement of:

Form 990 p 9/Line 2f Oth Rel/Exmpt -3

Description	Amount
Total Revenue	318,579.
Less Territory Days	-310,718.
Less Membership Dues	-6,500.
Less Investment Income	-237.
Total	1,124.

Supporting Statement of:

Form 990 p 10/Line 11g col (B)

Description	Amount
Direct Event Labor	9,562.
Direct Outside Services	440.
Trash Removal	10,039.
Total	20,041.